

No 63

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Dear Sir

No 4 Sanson

Thesis

Revised March 12th 1827

On the

Febrile Fever

Febrile Fever

Peyton S. Locke

1827

Peyton S. Locke

of Virginia

1. March

2. April
3. May
4. June

5. July

6. August
7. September
8. October

9. November
10. December

11. January
12. February

13. March
14. April

A Thesis

Passed March 12th 1827

On

W. L. H.

Purpural Fever

137/

Peyton S. Locke

of Virginia



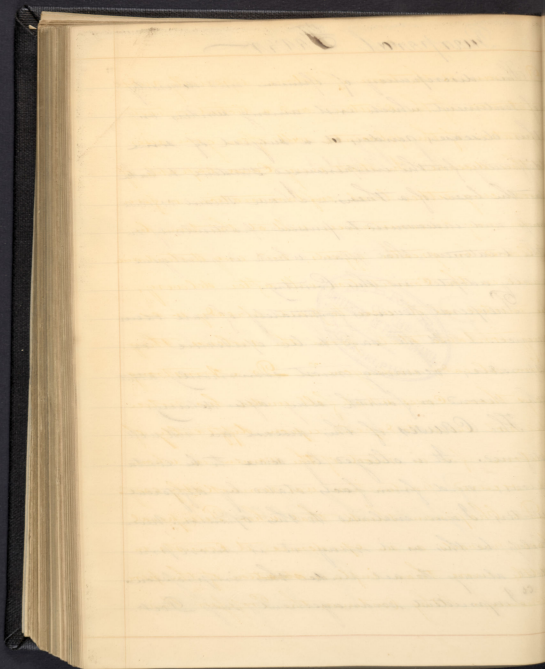
Puerperal Fever

The discrepancy of opinion and diversity of sentiment which exist among writers on this disease, renders it a subject of some difficulty, for the inexperienced student to take as the basis of a thesis. — I have studied concisely, and endeavoured to pursue, particularly in the treatment, that plan which is most generally adopted in this Country.

Puerperal fever is fortunately of rare occurrence. — It is said to be epidemic or sporadic, occurring most commonly about the second or fourth day after delivery.

The Causes of this disease are not well defined. It is alleged by some to be contagious, and from facts stated by different writers, I am inclined to this opinion. Nevertheless, be this as it may, it is most prudent always to act under this impression.

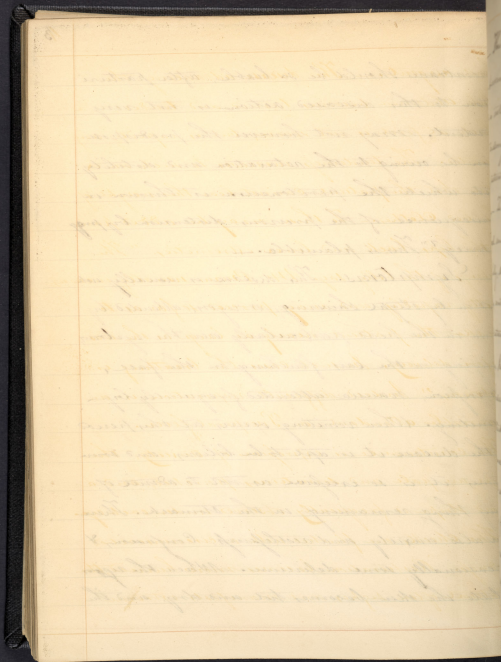
^{cc} Improper management, say Doct.



Drumman, at the time of labour, especially under treatment of the os uteri; and a violent or hasty separation of the placenta will often give rise to this disease. In short every Cause capable of producing either local inflammation, or fever under any circumstances, will at this time be followed by greater effects; and any disturbance raised in the Constitution will after delivery, be invited as it were to parts already in a very irritable state from the violence they have already undergone." Dr. Armstrong says those Cases which fell under his notice did not seem to depend upon difficulty of labour, for in most of the women in whom it occurred, parturition was remarkably easy. Dr. Chapman thinks, that when Puerperal fever prevails as an epidemic, it consists in little more than inflammation of the peritonaeum. Why, continues the Professor, this

membrane should be so liable, after parturition to this diseased action is not very evident, may not however the predisposition be owing to the relaxation and debility into which the peritoneum is thrown in consequence of the previous distension by pregnancy? This is plausible.—

Symptoms. This disease is usually ushered in by slight shivering, or rigor, attended by pain in the head, particularly over the eyebrows, ringing in the ears, flushing in the face, oppression, nausea attended frequently by vomiting. When vomiting occurs at this period of the disease it is apt to be bilious; and sometimes it is so excessive as not to admit of any thing remaining in the stomach. There is also anxiety and restlessness, Confusion, & occasionally some delirium. When the rigor abates the skin becomes hot and dry, and the



third urgent. — The disease advancing, the whole Abdomen becomes tumid and tender, the which at first is not severe, but is rapidly augmented. The tenderness increases to such an extent, that the patient cannot bear the weight of the bed clothes. — To this may be added pain in the hips, back and lower extremities. "The fulness of the belly," says Mr Burns, usually increases pretty rapidly and may proceed so far as to make the patient nearly as large as she was before delivery. In such cases the breathing is laborious." Indeed difficult respiration is an invariable attendant on Puerperal fever.

The countenance is expressive of anxiety, the lips are pale and sometimes parched, and a livid stripe is frequently observed under each eye.

The cheeks are flushed with a circumscribed redness. Respiration becomes more hurried, the patient often sighs, and manifests extreme

10

The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting.

1. Mr. John Smith

2. Mr. James Brown

3. Mr. William Jones

4. Mr. Robert Taylor

5. Mr. Thomas White

6. Mr. Charles Black

7. Mr. Henry Green

8. Mr. George Grey

9. Mr. Richard Black

10. Mr. John White

11. Mr. William Black

12. Mr. Robert White

13. Mr. Thomas Black

14. Mr. Charles White

15. Mr. Henry Black

16. Mr. George White

17. Mr. Richard Black

18. Mr. John White

19. Mr. William Black

20. Mr. Robert White

21. Mr. Thomas Black

22. Mr. Charles White

23. Mr. Henry Black

24. Mr. George White

25. Mr. Richard Black

26. Mr. John White

27. Mr. William Black

28. Mr. Robert White

29. Mr. Thomas Black

30. Mr. Charles White

31. Mr. Henry Black

32. Mr. George White

33. Mr. Richard Black

34. Mr. John White

35. Mr. William Black

36. Mr. Robert White

37. Mr. Thomas Black

38. Mr. Charles White

39. Mr. Henry Black

40. Mr. George White

41. Mr. Richard Black

42. Mr. John White

43. Mr. William Black

44. Mr. Robert White

45. Mr. Thomas Black

46. Mr. Charles White

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60. Mr. Robert White

61. Mr. Thomas Black

62. Mr. Charles White

63. Mr. Henry Black

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94. Mr. Charles White

95. Mr. Henry Black

96. Mr. George White

97. Mr. Richard Black

98. Mr. John White

99. Mr. William Black

100. Mr. Robert White

restlessness, by the tossing about of her head and arms, and the continual agitation of her whole body. — Her most ordinary posture is on the back, with the knees drawn up. The reason of this is obvious. By keeping herself in this situation, the abdominal parietes, which are exceedingly tender and sore to the touch, are relaxed; pressure from the intestines is removed by throwing them on the spine, and thus the position, to which the patient seems almost instinctively led, is attended by considerable relief. "The pulse says Dr. Armstrong is seldom less than 120 in a minute, and mostly rather full, tense and vibrating, or very small, sharp or somewhat wiry when the excitement has fully emerged?"

The tongue is pale or white at first, but soon becomes brown. In some instances, the tongue is tolerably clean, and may

1870

1. The first thing I noticed when I stepped out of the train was the cold. It was a sharp contrast to the warm, humid air of the South. I had heard that the weather in the North was harsh, but I didn't realize just how cold it would be. The wind was biting, and the snow was falling in soft, white drifts. I pulled my coat tighter around me and tried to keep my hands warm.

2. As I walked through the city, I noticed how different everything was. The buildings were taller and more imposing than anything I had ever seen before. The streets were wide and paved, and the people were dressed in different clothes. I felt like a stranger in a strange land. I had heard that the North was a place of opportunity, but I didn't realize just how different it was from the South.

3. I had heard that the North was a place of freedom, but I didn't realize just how different it was from the South. In the South, everyone knew their place. There was a strict hierarchy, and everyone was expected to follow the rules. In the North, it seemed like everyone was free to do as they pleased. I was used to the South, but I didn't realize just how different the North was.

4. I had heard that the North was a place of progress, but I didn't realize just how different it was from the South. In the South, things were slow and steady. Progress was made in small steps, and it took a long time to get anywhere. In the North, things were moving fast. I saw new inventions and new ideas everywhere. I was used to the South, but I didn't realize just how different the North was.

5. I had heard that the North was a place of industry, but I didn't realize just how different it was from the South. In the South, most people were farmers or laborers. They worked hard, but they didn't have much money. In the North, I saw factories and mills everywhere. I saw people working in these places, and I saw the money that was being made. I was used to the South, but I didn't realize just how different the North was.

6. I had heard that the North was a place of culture, but I didn't realize just how different it was from the South. In the South, there was a strong sense of tradition. People valued their heritage, and they passed it on to their children. In the North, it seemed like everyone was trying to be something more. I saw people reading books and attending lectures. I was used to the South, but I didn't realize just how different the North was.

7. I had heard that the North was a place of hope, but I didn't realize just how different it was from the South. In the South, there was a sense of resignation. People knew their place, and they accepted it. In the North, I saw a sense of possibility. I saw people who were trying to make something out of themselves. I was used to the South, but I didn't realize just how different the North was.

8. I had heard that the North was a place of change, but I didn't realize just how different it was from the South. In the South, things were the same year after year. There was a sense of stability, but it was also a sense of stagnation. In the North, I saw change everywhere. I saw new things being built, and I saw old things being torn down. I was used to the South, but I didn't realize just how different the North was.

9. I had heard that the North was a place of opportunity, but I didn't realize just how different it was from the South. In the South, there were few opportunities for people like me. I was a poor, uneducated man, and I knew that my future was limited. In the North, I saw opportunities everywhere. I saw people who were trying to improve their lives, and I saw the possibility of a better future. I was used to the South, but I didn't realize just how different the North was.

10. I had heard that the North was a place of freedom, but I didn't realize just how different it was from the South. In the South, everyone knew their place. There was a strict hierarchy, and everyone was expected to follow the rules. In the North, it seemed like everyone was free to do as they pleased. I was used to the South, but I didn't realize just how different the North was.

continue so, especially after Vomiting has occurred. The whole interior of the mouth, throat, and down the oesophagus is covered with aphthae. The urine is voided with difficulty and is scanty, high coloured, and deposits a brown sediment. The bowels at first are constipated and sometimes flatulent; but about the third or fourth day they usually become loose. The discharges are dark, slimy and very foetid. The secretion of milk stops and the breasts are apt to become flaccid.

At this time the anxiety and solicitude of the mother about her tender offspring seems to be lost entirely, and she evinces a total indifference towards every ^{thing} in which she was previously much interested. — When the disease is fully developed, the lochial discharge disappears, or only issues in small quantities, and is dark & very offensive.

The disease becoming aggravated, the symptoms are increased. The pulse now becomes more frequent and weaker, or tremulous.

Extreme debility ensues, hicough and sometimes an involuntary discharge of feces. The patient will attempt to rise out of bed, talk incoherently, start &c &c. This state of things is most commonly succeeded by a Calm, the patient becomes composed and collected, complaining of no pain, talks cheerfully, and gives the delusive hope of her speedy restoration to health.

The disease apparently suspends its fury awhile; but death lurks within; and the work of devastation is then carried on.

During this period of suspense the heart of the affectionate husband, who is ever ready to catch at the least glimmering prospect of a happy issue, now throbs with the utmost anxiety. Hope sheds a ray of light

thwart his gloom, profound, and immeasurably
calms the agitations of his troubled bosom.
Restless and anxious he repairs to the bed-
side, he looks, sighs, views her serene and
placid Countenance, and listen, with atten-
tion to her cheerful conversation, and altho
warned by the Physician of the approaching
dissolution of his partner, his hopes strength-
en, prospects brighten, and he feign would
persuade himself, that the storm is over.

But Ah! his hopes are illusive and evanes-
cent, and all his bright prospects, are but as
the meteor's glare. The disease soon resumes
its attack. Respiration now grows feebly short
and frequent, the ulcers are thrown into
perpetual motion, and all the energies of
nature yield to his resistless power. He presses
no more misers once the back, until he tears
asunder the tenderest ties of humanity, laying

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low in the dust the fond mother, affectionate wife and dutiful daughter.

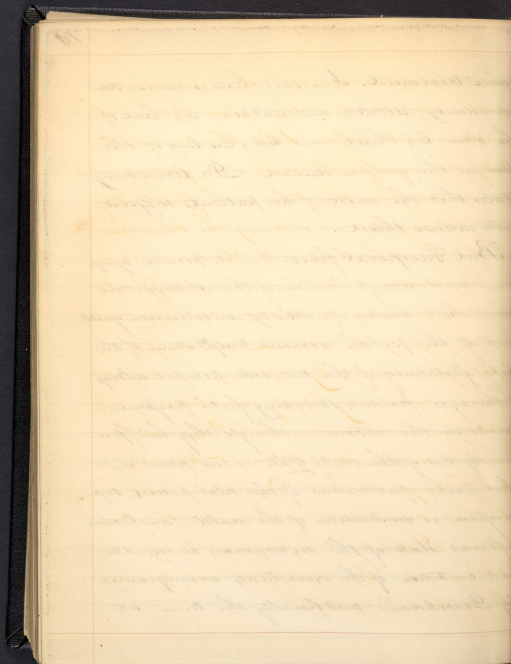
Sometimes, death is preceded by low delirium or stupor. The mind at other times will continue unimpaired until a short time previous to dissolution, and the patient is carried off after a convulsive fit.

The disease sometimes manifests itself in an insidious manner, without shivering or other well marked symptoms.

Diagnosis. The disease with which Puerperal fever is most apt to be confounded is, simple peritonitis. Mr. Murray thinks, that it is very important to distinguish between the former and latter disease; but for my own part I think no great error would be committed, were we to mistake the one for the other, inasmuch as they both demand nearly, if not exactly the

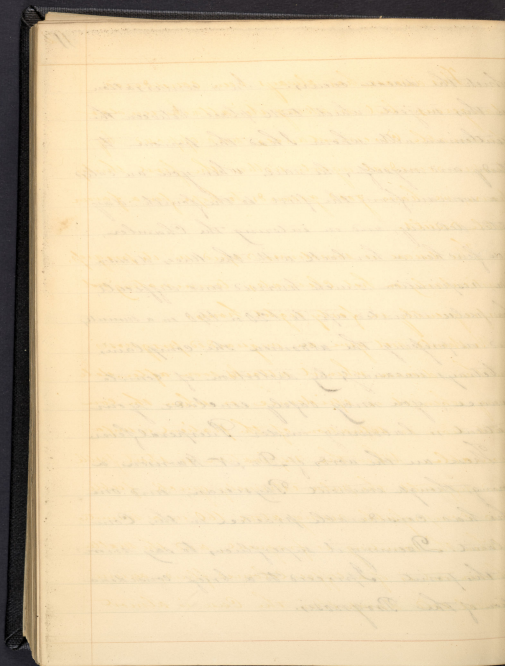
same treatment. It is said there is more desquamation, debility and headache, less heat of the skin, less thirst, and less flushing of the face in the former disease. - Dr. Armstrong states that the most of his patients, suffered with intense thirst.

But Puerperal fever has its peculiar symptoms. Great soreness, tension of the abdomen and pain, short anxious breathing, uncommon quickness of the pulse, increased temperature of the body, flatulency of the stomach, peculiar wildness of the eyes, patient, shrinking from pressure made on the abdomen, though they had previously complained of little or no pain in that part; prostration of the vital powers, suppression or diminution of the milk, and lochia, a flaccid state of the mammae, an unnatural condition of the excrements, accompanied by Diarrhoea, and finally the time at



which the disease occurs. In a conversation on this subject, which took place between the gentleman with whom I had the honour to study and myself, he said, when you are called to a woman from the first to the fourth day after delivery, and on entering the Chamber, you find her on her back with the knees drawn up, respiration much hurried and difficult, the pulse mounted up to 120 or 140 in a minute, and on pressing the abdomen she complains, or betrays uneasiness by distortion of countenance; you may safely conclude your patient is labouring under Puerperal fever.

These are the words of Dr. N. Harrison, a young, though eminent Physician; and one who had considerable practice in this Complaint. Deeming it superfluous to say more on this point, I proceed to a brief consideration of the Prognosis.



This disease has always been considered dangerous, but making its attack under favourable Circumstances, and opposed by proper remedial agents, within the first thirty hours, we have good grounds to hope for a favourable result.

The disease is sometimes rapid in its progress, particularly in hot climates, terminating not unfrequently in forty eight hours.

We should not give an unguarded prognosis in this disease when it attacks soon after delivery, when it is epidemic, or when the constitution or situation of the patient is unfavourable. When the respiration is short, feeble and difficult, the pulse extremely quick, feeble and compressible, rising above 160 in a minute. When the Vomiting is frequent, and the matter thrown out is of a coffee coloured fluid, a general cold, damp skin, the Case is almost

hopeless. — On the contrary, when the respiration becomes easy, deep and slow, the pulse slower, fuller and more regular; when the stomach becomes composed, so as to retain medicine or food, the tension and pain of the abdomen abate, copious and continued stools, the skin becoming warm and moist from a mild perspiration, the tongue becoming clean, the lochia breaking out afresh, and the secretion of milk takes place; we may hope for a favorable termination. But we should be cautious in giving a favorable prognosis under any circumstances.

There is much division of sentiment among writers as to the precise location of Puerperal fever. While some contend that the uterus is the true seat, others will say the peritoneum, others theomentum, others the intestines, &c. Post mortem examinations exhibit inflammation of the

peritoneum, uterus, omentum, intestines, &c. then is also found a quantity of fluid, similar to that met with in Peritonitis. Dr. Armstrong states, that in every instance he witnessed, the peritoneum was found inflamed and covered, as well as the surface of the intestines, with a layer of coagulable lymph, while a quantity of whey like fluid was effused into the cavity of the abdomen. The thoracic viscera have occasionally been found inflamed.

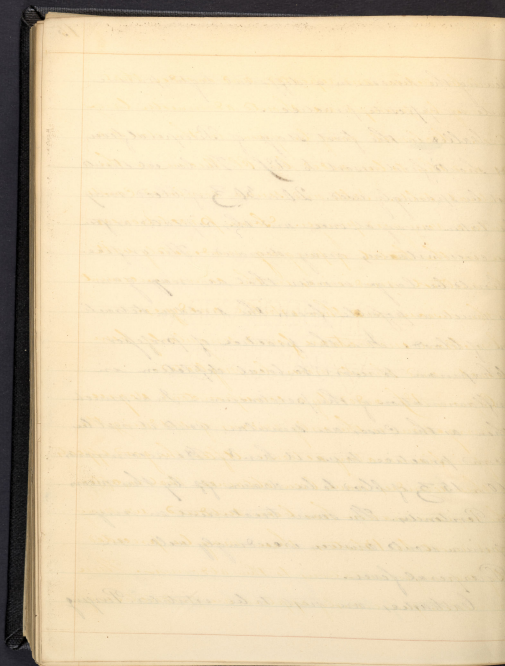
From what has been said, I think it must be acknowledged that, this is a disease of a high inflammatory action, and demands a practice at once bold and decisive.

Treatment. There is no little discrepancy of opinion among Practitioners on this subject. While some impressed with the absolute necessity of liberal depletion, rely most exclusively on this mode of treatment, there are others, who

viewing the disease in a different light, pursue quite an opposite practice.

Called in the first stage of Puerperal fever, we should first resort to V.S. The lancet should not be sparingly used. 20 or 30 ℥ of blood may be taken away at once, and this repeated as often as circumstances may demand. The orifice should be large in order that we may gain as much as possible from the sudden detraction of blood. It is the practice of professor Chapman, to resort to local depletion in inflammation of the peritoneum - In as much then, as the Cases are similar, would it not be sound practice to use it here? - He recommends 10 or 15 ℥ of blood to be drawn off by this means in Peritonitis. The same treatment in my opinion would answer exceedingly well in Puerperal fever.

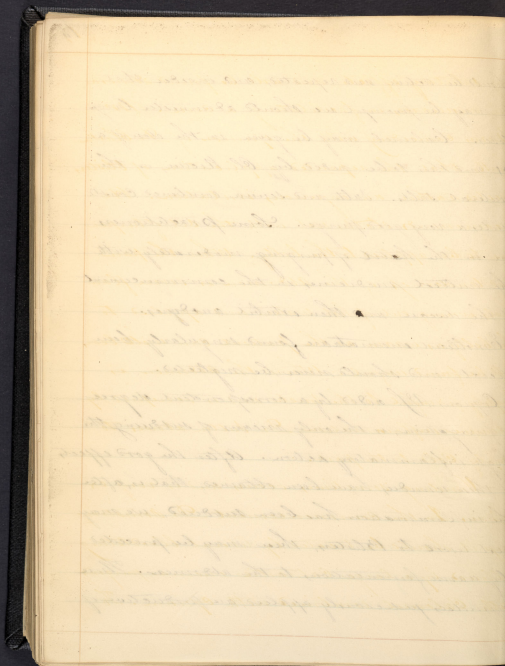
Cathartics are next to be exhibited. Purging



should be active and repeated, and in order that it may be prompt we should administer large doses. Calomel may be given in the dose of a \mathfrak{ss} and this to be aided by $\mathcal{C}l.$ Nicotini, or the mineral salts. Salt, and senna combined constitute a very good purger. Some practitioners are in the habit of purging moderately with the mildest medicines in the commencement of the disease, and then exhibit anodynes.

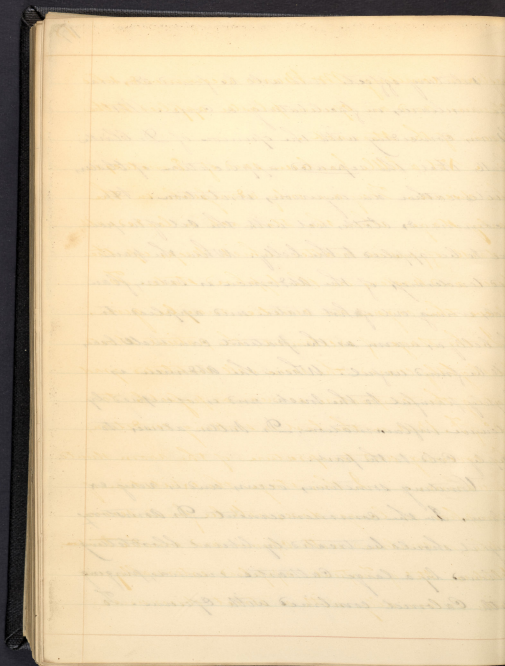
Emollient enemata are found singularly beneficial, and should never be neglected.

Copious $\mathcal{V}f.$ aided by a corresponding degree of purgation, is the only means of subduing the high inflammatory action. After the good effects of these remedies have been obtained; that is, after the inflammation has been subdued, we may next resort to Blisters, then may be preceded by warm fomentations to the abdomen. These remedies judiciously applied, are productive of



very salutary effects, and will be found admirable auxiliaries, in facilitating a cure. Mr. Burns, coinciding with the opinion of Dr. Clarke thinks, that, the repeated application of blisters, excites rather an injurious, irritation. He recommends, cloths, wet with the oil of turpentine to be applied to the belly. When the pain and tenderness of the Abdomen is severe, flannels, wrung out of hot water, and applied to the belly as warm as the patient can well bear, will be found useful. Where the Abdomen is highly painful to the touch, and is occupied by extensive inflammation, Dr. Suttan advises, to apply Cold to the part.

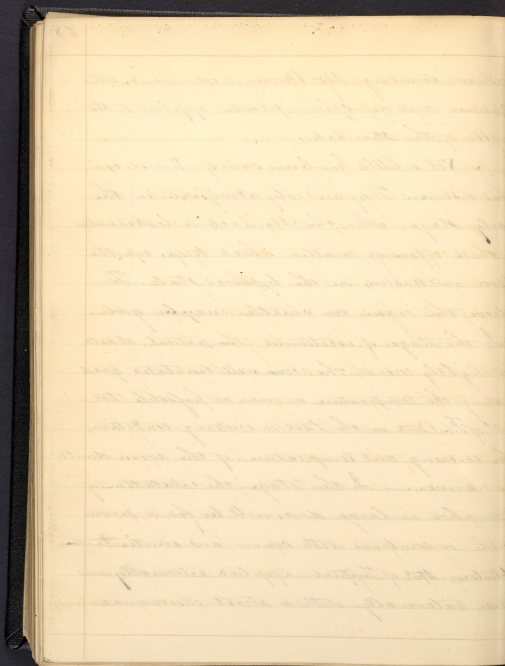
Vomiting sometimes, occurs, and is very expensive. In the commencement Dr. Armstrong says it should be treated by liberal bloodletting followed by a large Cathartic such as, purging with Calomel combined with Opium. To



restrain vomiting Mr. Burns recommends, solid Opium, and an opium plaster applied to the region of the Stomach.

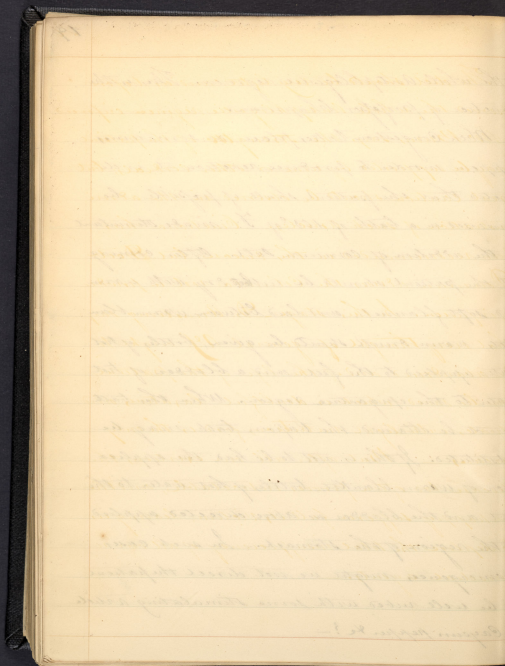
Not a little has been said of Emetics in this disease. They are only admissible in the early stage, when the Stomach is loaded with a dark offensive matter, which keeps up the fever and hastens on the typhoid state. To relieve this organ an emetic may be given.

In the stage of excitement, the patient should be slightly covered, the room well ventilated, graduating the temperature as near as possible to 60° of F. But in the last or sinking condition, the covering and temperature of the room should be warmer. — In this stage the exhibition of Camphor in large doses will be found serviceable, or combined with Opium and emetic tartar, blisters, &c. of Turpentine applied externally and given internally, with a strict observance



of the whole Antiphlogistic regimen. This is the practice of professor Chapman.

When Congestion takes place, as sometimes happens, in order to produce reaction it is directed that the patient shall if possible be immersed in a bath of 100° of F° . made stimulant by the addition of common salt. After coming out, the patient should be rubbed dry with warm and soft flannel, and laid between warm blankets, warm drink should be given, bottles of hot water applied to the feet, and a bladder of hot water to the epigastric region. When this bath cannot be obtained, the Vapor bath may be substituted. If this is not to be had, the application of warm blanket, bottle of hot water to the feet, and the bladder as above directed, applied to the region of the stomach. - In such cases, of emergencies, might we not direct the patient to be well rubbed with some stimulating article as Cayenne pepper &c? -



The diet should be very light, and as before observed the whole Antiphlogistic regimen enforced.

Mr. Burns says the strength of the patient may be supported by wine or other cordials; but great caution should be observed in the administration of such articles. Cinchona has been recommended in this disease, but Doct. Douman advises the Columba root in powder or infusion. In this stage Dr. Armstrong says that every thought of general *℞* ought to be abandoned, and if the life of the patient can be saved, which is doubtful, laxatives and opiates, with light nutritious food is the only means. — But after all our exertions, the disease too often proves intractable, and the unhappy sufferer falls a victim, leaving us to deplore the total insufficiency of all our remedial agents. —

